CAMPAIGN CONTRIBUT	TIONS A	ND EXPENSE	S REPORT	Stat	e of Nevada	
	2.41	SENATE	_	CA	OTRAL	
Name (print)	10 < DO	Office (if applicable)	10 (.		District (if applicable)	
Mailing Address (include city and zip code)		1191 510		Telephone No.	3 2242	
E-Mail Address	s.com					
20 m m m m m m m m m m m m m m m m m m m	<u> </u>					
Select Appropriate Box(es)	E PAC	☐BAG ☐POLP	KTY □INDEXP□	AMENDED A	NNUAL FILING	
Annual Filing - Due .	January 1	5, 2004		T	<u> </u>	ר
Period: January 1, 2003 - Dece	mber 31, 2003			1291	Ell En	
<b>-</b>				1 6%	FILED	
Report #1 — Due Augu incumbents in an Office with a 4-year term		<b>4</b> Jan. 5, 2001 Aug 26	5. 2004	1 / "	N	
Incumbents in an Office with a 6-year term All others	Period:	Dec. 20, 1998 - Aug 2	26, 2004	LIO-OAI	N 0 7 2005	
Ballot Advocacy Groups (BAGs) only:		Jan. 1, 2004 - Aug. 26, Dec. 5, 2002 - Aug 26		IMSB		•
Report #2 Due — Octob	ner 26 200	v <b>a</b>		SECRET	ARY OF OT	
		 Aug. 27, 2004 — Oct. 2	21, 2004	FOR O	FFICE USE ONLY	ΝE
Report #3 Due - Janua	erv 15. 200:	5*				_
BAGs only:	Period: (	Oct. 22, 2004 Dec. 3				•
ands dily.	Period: (	Oct. 22, 2004 - Dec. 5,	, 2004			
Annual Filing – Due Jar	nuary 15, 2	2005				
Period: January 1, 2004 –  * Third Report suffices for 2005 An	nual Filing i	if, 2004 if candidate also i	filed Report Nos.	1 and 2		
			·			
CONTRIBUTIONS	CHIBABAA	av.			Cumulative From Beginning	
CONTRIBUTIONS	SUMMAN	K Y	•		of Report Period	
				This Period	#1 through End of This	
					Reporting Period	
Total Monetary Contributions R	eceived in Ex	cess of \$100	<u>-</u>	<i>O</i>		
Total Monetary Contributions R	eceived of C1	M or Lose		17		
		OU OF LESS	-		<u> </u>	
		This Period	Cumulative From Beginning of			
			Report Period #1 Through End of			
		$\mathcal{O}$	This Reporting Period			•
3. Total Amount of Monetary Co	ntributions		T CHOOL			
Received (Add Lines 1 and 2)						
<ol> <li>Total Value of In Kind Contribut</li> </ol>	ions Received	din 🛆		<del></del>		
Excess of \$100						
		EXPENSES SU	MMADV			
£ 71111			mmar I		1	
5. Total Monetary Expenses Paid			-			
<ol> <li>Total Monetary Expenses Paid of</li> <li>Total Amount of All Monetary</li> </ol>			-			
(Add Lines 5 and 6)	•	ziu				
<ol> <li>Total Value of In Kind Expenses of \$100</li> </ol>	in Excess		-		<u> </u>	
0.4100		<del>- ()-</del>				
		AFFIRMAT	ION			
Declare Under Penalty of Perjury Tha	at the Foress	oing is True and Co	omect			
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2/1/	• _					
7.L.Wan				0	1-06-05	
Signature				Date	·	

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eport Period #

FRELLIE L WARMAN
Name (print)

SENATE Office (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE	
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CE1+RA ( District (if applicable)

### **Expense Categories**

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	Ę
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	l
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	к

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<sup>\*\*</sup> NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Report Period #

ARMAN

SENATO Office (if applicable)

CETRA (
District (if applicable)

## Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)		CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
CAPENSE(S)	2	7410 2547.305		
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# IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphemalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

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_	Period	Г
Keport	Period	ı

FREdlie	2	WARMAN
Name (print)		

SGN ARTC Office (if applicable)

CC1+RAL District (if applicable)

### **IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
P				
		·		41
				·
				<del></del>

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FRENDE L. WARMAN

56nATC Office (if applicable)

District (if applicable)

#### **IN KIND**

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
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3			

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Prescribed by Secretary of State NRS 294A 120, 294A 125, 294A 140, 294A 150, 294A 160 294A 200, 294A 210, 294A 220, 294A 362

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